

EXHIBIT 46

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION**

**CHERYL GREENE, PERSONAL
REPRESENTATIVE OF THE ESTATE
OF DWAYNE GREENE, DECEASED,**

Case No. 2:18-cv-11008-MAG-DRG

Plaintiff,

HON. THOMAS J. LUDINGTON

v.

**CRAWFORD COUNTY, SHERIFF KIRK
WAKEFIELD, RANDELL BAERLOCHER,
RENEE CHRISTMAN, KATIE TESSNER,
DONALD STEFFES, WILLIAM SBONEK,
TIMOTHY STEPHAN, JOEL AVALOS, DALE
SUITER, AMY JOHNSON, DAVID NIELSON,
LARRY FOSTER, SHON CHMIELEWSKI,
NORTHERN LAKES COMMUNITY MENTAL
HEALTH AUTHORITY, Nanci KARCZEWSKI
AND STACEY KAMINSKI, LPC, Individually
and Officially and Jointly and Severally,**

Defendants.

STATE OF MICHIGAN)

)

COUNT OF OAKLAND)

AFFIDAVIT OF GERALD A. SHIENER, M.D.

Before me, the undersigned, a Notary Public in and for the State of Michigan, personally appeared Gerald A. Shiener, M.D., who is known to me and who being by me first duly sworn, on oath and says as follows:

1. My name is Gerald A. Shiener, M.D.. I am over eighteen years of age and have personal knowledge of the facts stated herein:

2. I understand that the Crawford County defendants have challenged the reliability of certain of my opinions in the above captioned matter. I understand that Defendants have challenged the following opinions: 1) my opinion that the cause of death was untreated Delirium Tremens resulting in tachyarrhythmia; 2) my opinion that it is "inconceivable that anyone with the barest minimum knowledge of recognition of Delirium Tremens, and understanding what the appropriate measures should be taken to prevent it or treat it once it begins could observe Mr. Greene, know what was happening to

him, and not act in a manner to address the progressive delirium and prevent his death.”; 3) that Mr. Greene’s “death was foreseeable”.

I. Qualifications, Knowledge, Skill, Experience, Training and Education

3. I obtained my medical degree in 1975. I have held various positions at Sinai Grace Hospital in Detroit, including the Chief of Crisis Intervention Intake & Emergency Services, Chief of Consultation Liaison Services and Chief of Psychiatry. Since 2015, I have served as the Medical Director for Integrated Care at Wayne State University Physicians Group. I am also an Associate Professor of Psychiatry in Behavioral Neurosciences at Wayne State University. I am board certified by the American Board of Psychiatry and Neurology and the American Society of Addiction Medicine. The Board certification in Addiction Medicine means that I have demonstrated competency in the diagnosis and treatment of addictive disorders including alcohol dependence and alcohol withdrawal (delirium tremens) and the physical medical manifestations of addiction as it relates to this case. I also have added qualifications in Addiction Psychiatry. This added qualification means that I have demonstrated competency in diagnosis and treatment of addictive disorders and the effect of addiction and withdrawal states including delirium tremens on the body and the brain as it relates to this case.

The Board certification demonstrates that I have a working knowledge of autonomic instability and other physical effects of the use of addictive substances and in withdrawal states from such substances including delirium tremens. Additionally, it means that I have demonstrated competency in diagnosis and treatment of alcohol withdrawal (delirium tremens), its effects, complications and morbidity and mortality as it relates to this case. My board certification in Consultation – Liaison Psychiatry also means that I have demonstrated expertise in diagnosing the physical manifestations of psychiatric conditions including withdrawal states and delirium as it relates to this case. Lastly, I am board certified in Forensic Psychiatry. This Board Certification means that I have demonstrated competency in standard of care and damage issues in physical and psychiatric states, and standard of care issues and proximate cause issues as they relate to this case. Attached to this Affidavit is the most recent Examination content for the Subspecialty Certification in Forensic Psychiatry. It requires competence and knowledge in “Corrections/Corrections Health Care” amongst other subject matters. My curriculum vitae is attached to this Affidavit and incorporated by reference.

4. I remain in the private practice of Psychiatry. Additionally, I run a teaching service at Sinai-Grace Hospital teaching Medical Students and Residents

in Medicine, Psychiatry and Neurology in the psychiatric care of the physically ill or medically ill patients in the general hospital. This teaching service also includes the treatment of patients at risk for Delirium Tremens and those who are undergoing active Delirium Tremens. This is non-litigation related work.

5. I have also presented on the subjects of "Addiction Treatment", "Addiction as Chronic Disease", "Inside the Mind of An Addict", "Substance Abuse" and "Addiction Treatment In Primary Care". These presentations are listed in my Curriculum Vitae. These presentations were non-litigation related. These presentations are relevant to this case insofar as they speak to the issues of addiction and dependence, and withdrawal states.

6. During my career as a Psychiatrist, I have provided care to patients undergoing severe alcohol withdrawal and/or delirium tremens in a hospital setting. I have also provided care and directed treatment for patients who are at risk for Delirium Tremens and are experiencing active Delirium Tremens. My earliest experience directing treatment for a patient at risk for Delirium Tremens was during my Residency. My experience with this urgent medical condition is ongoing as part of my professional responsibilities. I am aware of and intimately familiar with the causes of death related to Delirium Tremens due to my active involvement in treating Delirium Tremens. I have also had experience in treating

tachyarrhythmia due to Delirium Tremens. As a result, I have become knowledgeable of the fact that tachyarrhythmia is the typical cause of death in the final stages of Delirium Tremens. As part of my teaching responsibilities, I teach residents that the typical cause of death in untreated Delirium Tremens is tachyarrhythmia. This is non-litigation related.

II. DELIRIUM TREMENS GENERALLY

7. Alcohol is a unique drug. It is unique in many ways. The first unique aspect of alcohol is that it absorbs from the stomach, where as most drugs are absorbed from the duodenum or small intestine. Alcohol has no receptor. Alcohol acts directly on the membrane of nervous tissue – first exciting the membrane causing a stimulatory effect, and then stabilizing the membrane causing a more sedating effect. Alcohol increases the availability of two important brain chemicals – Gamma Aminobutyric Acid (GABA) and Glutamate. Glutamate becomes elevated first as a result of the stimulating effects on the membrane. Glutamate is an excitatory neurotransmitter. In response to the elevations of Glutamate, GABA levels are also increased in the brain. GABA is an inhibitory neurotransmitter. When alcohol is ingested on a regular basis, the levels of both neurotransmitters are significantly elevated. When alcohol use is stopped suddenly, GABA, the inhibitory neurotransmitter's levels fall more precipitously,

leaving an excess of Glutamate. Glutamate excess causes a syndrome of central nervous system excitability with altered perceptions and spontaneous perceptions (hallucinations, perceptions without external stimuli), autonomic instability (e.g. elevated heart rate and blood pressure), hyperactivity, and fever. If untreated, this syndrome can lead to coma, hypothermia, and death. The untreated mortality rate is as low as 5%, but typically 15%. The condition of Delirium Tremens evolves over the first 72 hours of abstinence. Autonomic instability is described as elevations of blood pressure, rapid heartbeat, and heart rate accelerating to the point that normal rhythm cannot be maintained, resulting in what's called a tachyarrhythmia – irregular heartbeat with rapid heart rate. It is known that tachyarrhythmia is the most common cause of death with delirium tremens.

III. UNDERLING DATA, SUPPORTING LITERATURE AND WIDELY-ACCEPTED METHODOLOGY

8. In formulating my opinions in this case, I used widely accepted methodologies. First, I reviewed the extensive materials that were provided and which were listed in my April 4, 2019, Report. That Report is attached hereto as if incorporated by reference. Those materials range from documents to testimony. I also had a chance to review video. I considered my extensive non-litigation

related experience in hands on direction of the treatment of this this urgent medical condition in formulating my opinions. In formulating my opinions, I have considered the medical literature which I am familiar with. I also utilized generally accepted medical diagnosis methodologies.

9. Medical diagnosis, that is reaching diagnostic impressions and conclusions within a reasonable degree of medical certainty, is governed by the law of parsimony. That states that states that the most direct conclusion is likely the most correct conclusion. This dictates that a doctor's job in formulating a diagnostic impression is to determine a single pathophysiologic process to explain all the phenomena, signs and symptoms in a presenting patient. This is effectively what a differential diagnosis is. In formulating my opinions in this case, I have reliably applied the law of parsimony and my education, experience in training in treating Delirium Tremens.

IV. Opinions And Basis of Opinions

10. My opinion that the cause of death was untreated Delirium Tremens resulting in tachyarrhythmia is based on over 44 years treating patients with impending Delirium Tremens and active Delirium Tremens. I have lectured on the subject and taught Residents in Hospitals. I am also familiar with the literature on this topic. Since my expert reports were submitted, I reviewed the Declaration of

Stephen Cohle, M.D., which confirms the methodology I utilized in formulating my opinions and the reliability of the conclusion I reached. Additionally, as an Attending Physician, I have certified Cause of Death and am knowledgeable regarding the requirements for certifying Cause of Death.

11. During the pendency of this case, I have also had the opportunity to review the expert reports of Dr. Herbert Malinoff and Dr. Vasilis K. Pozios, M.D. Dr. Malinoff, M.D. who also holds a certification by the American Board of Addiction Medicine is of the opinion that Dwayne Greene suffered "all of stages that I have described of alcohol withdrawal up to and including delirium tremens with eventually vascular collapse and Mr. Greene's unfortunate demise." Page 18. Dr. Malinoff also is of the opinion that "Dwayne Greene suffered from alcohol use disorder, suffered from profound, progressive alcohol withdrawal up to stage III (delirium tremens), suffered vascular collapse and death from this condition." Page 20. Dr. Pozios acknowledges that alcohol withdrawal delirium requires medical treatment due to its life-threatening consequences. Said medical treatment includes "regular monitoring of vital signs, including blood pressure and heart rate, by nursing staff is necessary to detect autonomic instability, a potential indicator that death may be imminent." Pages 4-6. There is agreement between the Northern Lakes experts identified above that: 1) Dwayne Greene

was going through untreated Delirium Tremens; 2) and untreated delirium tremens causes autonomic instability, including tachycardia. Additionally, Dr. Malinoff is in agreement with me that Dwayne Greene died from untreated Delirium Tremens. The agreement between myself and Northern Lakes medical experts on this issue demonstrates that reliable methods were used to arrive at the opinion.

12. My opinion that it is “inconceivable that anyone with the barest minimum knowledge of recognition of Delirium Tremens, and understanding what the appropriate measures should be taken to prevent it or treat it once it begins could observe Mr. Greene, know what was happening to him, and not act in a manner to address the progressive delirium and prevent his death” is based on my review of the deposition testimony, records, and objective signs and symptoms that Dwayne Greene manifested. There were adequate signs and symptoms that would have been obvious to a lay person that Dwayne Greene was in dire need of urgent medical care. There are a number of data points that support the foregoing opinion. By way of example only, below are some of the entries in Jail Daily Log:

12/06/17 13:40 GREENE/DWAYNE IN D-01 ACTING ERRATIC, APPEARS TO BE HELLU-C
12/06/17 13:40 INATING, AND TO BE DETOXING.

12/07/17 06:20 INMATE DWAYNE GREENE IS STILL SHOWING SIGNS THAT HE IS STILL
 12/07/17 06:20 GOING THROUGH WITHDRAWALS FROM ALCOHOL. HE HAS TRIED TO
 12/07/17 06:20 LEAVE THE CELL, ASKING FOR HAMMER AND NAILS, THINKING HIS
 12/07/17 06:20 MOTHER IS SPEAKING TO HIM, HE PERIODICALLY YELLS OUT OR
 12/07/17 06:20 BANGS DOOR, FLOOR AND WALLS. HE IS COMPLIANT AND PLEASANT
 12/07/17 06:20 WHEN SPEAKING TO HIM, BUT IS CONFUSED AND DOES NOT COMPREHEND
 12/07/17 06:20 THAT HE IS HERE IN THE JAIL. WE WILL CONTINUE TO MONITOR
 12/07/17 06:20 HIM CLOSELY

Additionally, by way of example only, are the notes and reports from Nanci Karczewski of Northern Lakes Community Mental Health Authority.

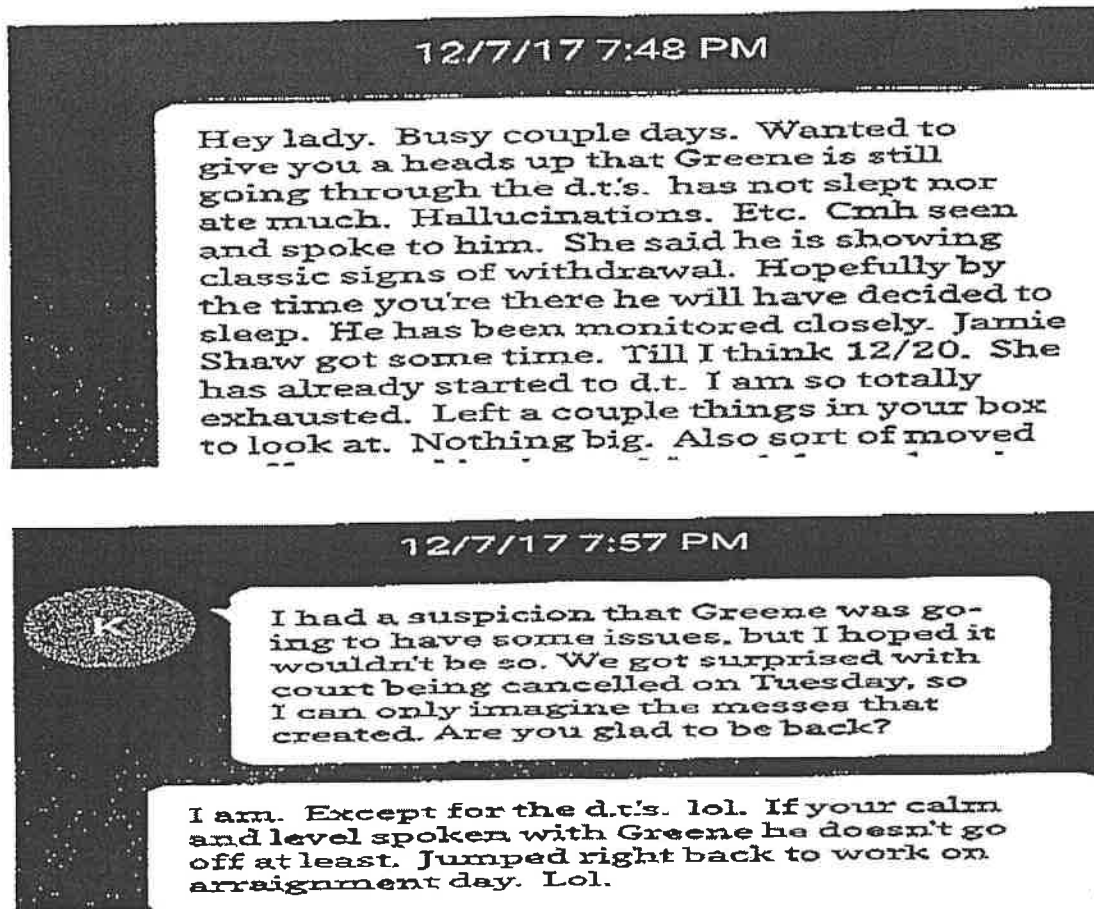
MENTAL HEALTH RECEIPT			
12-7-17	200	AM	PM
DATE/TIME RECEIPT RECEIVED		SIGNATURE: <i>Nanci Karczewski</i>	
NAME (PLEASE PRINT)		TITLE (PRINT)	
NAME (PLEASE PRINT)		TITLE (PLEASE PRINT)	
<p><i>met w/ Dwayne. He is delusional while experiencing alcohol withdrawal. Dwayne admits to significant alcoholism so is struggling w/ DTs. Does not appear to be kind to himself.</i></p>			

Referral Source: Law Enforcement

Details: Jail C.O.s requested a CMH contact for Dwayne since they were reporting that he is going through the DTs for alcohol withdrawal.

Clinical Intervention: Attempted to assess Dwayne. Very difficult process due to his delusional behavior while going through the DTs.

Finally, by way of example is the text messages between Corporals Katie Tessner and Renee Christman below:



13. My opinion that Dwayne Greene's death was foreseeable is based on the documents that I reviewed, including Policy Manuals, testimony and documents from the training offered by Northern Lakes Community Mental Health Authority described in the depositions of the Corrections Officers and Joanie Blamer. Some of the relevant documents include the Northern Lakes Community Mental Health First Aid Training. Some of the relevant information in that training manual, includes:

**SEVERE ALCOHOL WITHDRAWAL MAY
LEAD TO A MEDICAL EMERGENCY**

**Seek medical help if the person displays symptoms
of severe alcohol withdrawal, such as**

- Delirium tremens (a state of confusion
and visual hallucinations)

**>> Withdrawal management. If the person
is dependent on alcohol, they will have
to withdraw from alcohol before other
approaches are tried. This should be done
under professional supervision. However,**

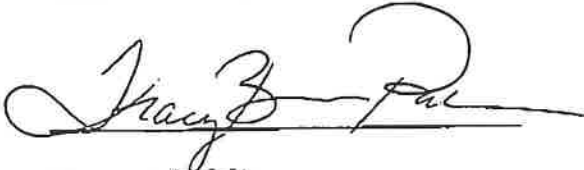
Further Affiant sayeth not.



Gerald A. Shiener, M.D.

Subscribed and sworn to before me

this 16th day of December, 2019



Notary Public,

_____ County, _____

My Commission Expires on: _____

TRACY BRENNAN PARKIN
Notary Public, Oakland County, MI

My Commission Expires: 5/12/2024

(00816295.DOCX) in the County of _____



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SUBSPECIALTY CERTIFICATION EXAMINATION IN FORENSIC PSYCHIATRY

2019 Content Blueprint
(December 13, 2018)

Number of questions: 220		
01.	Legal regulation of psychiatry	17-21%
02.	Civil	16-20%
03.	Criminal	16-20%
04.	Death penalty	4-6%
05.	Corrections/correctional health care	8-12%
06.	Legal systems/basic law	8-12%
07.	Children/families	8-10%
08.	Special issues in forensic psychiatry	9-13%
TOTAL		100%

Note: A more detailed content outline is shown below.



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SUSPECIALTY CERTIFICATION EXAMINATION IN FORENSIC PSYCHIATRY 2019 Content Outline

220 questions	
01. Legal regulation of psychiatry	
A. Hospitalization	
01. Involuntary	
a. Standard of proof (<i>Addington v. Texas</i>)	
b. Due process/dangerousness (<i>Jackson v. Indiana</i>)	
c. Least restrictive alternative (<i>Lake v. Cameron</i>)	
02. Voluntary (<i>Zinerman v. Burch</i>)	
03. Procedural due process (<i>Lessard v. Schmidt</i>)	
04. Patients' rights	
a. Civil Rights of Institutionalized Persons Act (CRIPA)	
b. Protection and Advocacy of Individuals with Mental Illness (PAIMI)	
05. Outpatient commitment/alternatives to hospitalization	
06. Failure to place mentally ill in community is discriminatory (<i>Olmstead v. L.C.</i>)	
B. Confidentiality/privilege/privacy	
01. Definitions	
a. Privilege (<i>In re Lifschutz</i>)	
b. Confidentiality (<i>Doe v. Roe</i>)	
02. HIPAA	
03. Psychotherapist-patient privilege (<i>Jaffee v. Redmond</i>)	
04. Federal Rules of Evidence (FRE) 501	
05. Exceptions to confidentiality/privilege	
a. Police powers versus confidentiality	
b. Limitations in fraud investigation	
06. Reporting statutes	
a. Reporting acts override federal confidentiality law (<i>State v. Andring</i>)	
b. Degree of reporting required (<i>People v. Stritzinger</i>)	
C. Right to mental health treatment	
01. Constitutional right to treatment (<i>O'Connor v. Donaldson</i>)	
02. Professional judgment (<i>Youngberg v. Romeo</i>)	
03. Based on statute, not Constitution	
04. Consent decree/minimal hospital standards (<i>Wyatt v. Stickney</i>)	
D. Right to refuse mental health treatment	



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01.	Standards/procedures
a.	Proxy decision making
i.	Judicial model (<i>Rogers v. Commissioner</i>)
ii.	Professional model (<i>Rennie v. Klein</i>)
iii.	Override of treatment approval (<i>Application of the President and Directors of Georgetown College</i>)
iv.	Prisoners (<i>Washington v. Harper</i>)
b.	Guardianship/conservatorship
c.	Substituted judgment
E.	Duty to warn/protect
01.	Law
a.	Statutes
b.	Case law
i.	Initial precedent (<i>Tarasoff v. Regents of the University of California</i>)
ii.	Duty to detain (<i>Lipari v. Sears</i>)
iii.	Foreseeable victim (<i>Jablonski v. US</i>)
iv.	Driving
02.	Practice
F.	Informed consent
01.	Elements of informed consent
a.	Standard set by law (<i>Canterbury v. Spence</i>)
b.	Reasonable person standard
02.	Exceptions
03.	Advance directives
04.	Research (<i>Kaimowitz v. Michigan</i>)
05.	Withdrawal of life-sustaining treatment (<i>Cruzan v. Director, Missouri Department of Mental Health</i>)
G.	Medical board issues/licensure
01.	National Practitioner Data Bank
02.	Professional health issues/impaired physicians
03.	Out-of-state licensure
a.	Forensic experts
b.	Telemedicine
04.	Physician-assisted suicide (<i>Washington v. Glucksberg</i>)
H.	Research
01.	Common Rule (45 C.F.R. 46)
a.	Institutional review board



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	b.	Vulnerable populations
02.		Ethics
02.	Civil	
	A.	Malpractice
	01.	Standards of care
	02.	Elements of malpractice
	03.	Damage
	a.	Punitive
	b.	Compensatory
	04.	Burden/standard of proof
	a.	Reasonable medical certainty
	b.	<i>Res ipsa loquitur</i>
	05.	Types of negligence
	a.	Comparative
	b.	Contributory
	c.	Negligence per se
	d.	Gross negligence
	06.	Malpractice insurance/types of policies
	a.	Occurrence
	i.	Punitive damages excluded from insurance coverage
	ii.	Policy language determines coverage
	b.	Claims made/tail coverage
	07.	Types of malpractice claims
	a.	Suicide/homicide and risk assessment
	b.	Boundary violations (<i>Roy v. Hartogs</i>)
	c.	Medical management
	i.	Tardive dyskinesia (<i>Clites v. Iowa</i>)
	ii.	Other issues
	B.	Personal injury
	01.	Legal principles
	a.	Eggshell plaintiffs
	b.	Zone of danger (<i>Dillon v. Legg</i>)
	02.	Causation
	03.	Damages
	04.	Posttraumatic stress disorder (PTSD)/Traumatic brain injury (TBI)
	C.	Workplace issues (AAPL Practice Guideline for the Forensic Evaluation of Psychiatric Disability)



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01.	Workers' compensation
02.	Social Security/Supplemental Security Income (SSI)
03.	Disability
a.	Private
b.	Social Security Disability Insurance (SSDI)
04.	Harassment
a.	Definition (<i>Meritor Savings Bank v. Vinson</i>)
b.	Hostile work environment (<i>Harris v. Forklift Systems</i>)
c.	Same-sex harassment (<i>Oncale v. Sundowner Offshore Services</i>)
05.	Discrimination/Title VII
06.	Americans with Disabilities Act (ADA)
a.	HIV (<i>Bragdon v. Abbott</i>)
b.	ADA applies to prisons (<i>US v. Georgia</i>)
07.	Fitness-for-duty evaluations
a.	Dangerousness
b.	Work impairment
D.	Competency for medical treatment and finance
01.	Guardianship/conservatorship of person and property
02.	Assessment of capacity
E.	Testamentary capacity
01.	Elements
02.	Undue influence
03.	Insane delusions
F.	Competency to enter into contracts
03.	Criminal
A.	Competency
01.	Stand trial (AAPL Competency to Stand Trial Practice Guideline)
a.	Assessment of competency to stand trial
i.	Standards (<i>Dusky v. US</i> , <i>Godinez v. Moran</i> , <i>Wilson v. US</i>)
ii.	Procedural due process (<i>Cooper v. Oklahoma</i>)
b.	Restoration of competency
i.	Involuntary treatment (<i>Riggins v. Nevada</i> , <i>Sell v. US</i>)
ii.	Confinement for restoration (<i>Jackson v. Indiana</i>)
c.	Competency to represent oneself (<i>Indiana v. Edwards</i>)
02.	Testimonial
a.	FRE 601
b.	Other
03.	Waive rights



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	a.	Confessions (<i>Colorado v. Connelly</i>)
	b.	Jury/counsel/appeals
	i.	Standards (knowing, intelligent, voluntary)
	ii.	<i>Alford</i> plea (<i>North Carolina v. Alford</i>)
	c.	Silence
	04.	Forensic assessment instruments
B.		Criminal responsibility (Insanity Defense Guideline)
	01.	Diminished capacity (<i>Montana v. Egelhoff</i>)
	02.	Mens rea (<i>Clark v. Arizona</i>)
	03.	Insanity defense
	a.	Standards
	i.	Cognitive prong (<i>M'Naghten</i>)
	ii.	American Law Institute Model Penal Code
	iii.	Federal Insanity Defense Reform Act
	iv.	Product test/ <i>Durham</i> rule (<i>Durham v. US</i> , <i>Washington v. US</i>)
	b.	Waiving the defense (<i>Freundak v. US</i>)
	c.	Disposition/outcome
	i.	Length of confinement (<i>Jones v. US</i>)
	ii.	Criteria for confinement (<i>Foucha v. Louisiana</i>)
	04.	Postacquittal/Psychiatric Security Review Board
	05.	Guilty but mentally ill
C.		Alcohol and drug prosecution
	01.	Status (<i>Robinson v. California</i>)
	02.	Intoxication (<i>Powell v. Texas</i>)
D.		Presentencing/diversion programs
	01.	Diversion programs
	02.	Mental health/drug courts
04.		Death penalty
A.		Ethics
	01.	Physician participation
	02.	Treatment on death row
B.		Competence to be executed (<i>Panetti v. Quarterman</i>)
	01.	Definition (<i>Ford v. Wainwright</i>)
	02.	Restoration issues (<i>State v. Perry</i>)
C.		Exceptions
	01.	Intellectual disability (<i>Atkins v. Virginia</i> , <i>Hall v. Florida</i>)
	02.	Juveniles (<i>Roper v. Simmons</i>)
	03.	Mental illness



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D.	Epidemiology
E.	Aggravating circumstances
01.	Due process protections (<i>Estelle v. Smith</i>)
02.	Hypothetical questions about dangerousness (<i>Barefoot v. Estelle</i>)
F.	Mitigating circumstances (<i>Ake v. Oklahoma</i>)
G.	Victim impact testimony (<i>Payne v. Tennessee</i>)
05.	Corrections/correctional health care
A.	Epidemiology
01.	Prevalence of mental disorders and substance abuse
02.	Demographics of correctional populations
a.	Gender
b.	Race
c.	Age
d.	Economic status
e.	Jail and prison census
B.	Settings
01.	Differences among lockups, jails, and prisons
02.	Community corrections
03.	Different custody classification settings (e.g., camps, minimum security, supermax)
C.	Special treatment programs
01.	Residential treatment units (e.g., SNU, ICU, ICP, RTP) for inmates with mental illnesses
02.	Inmates who exhibit inappropriate sexual behaviors (e.g., public masturbation, exposure of genitals)
03.	Inmates who self-harm (e.g., cutters, swallowers)
04.	Programs for inmates with developmental disabilities
05.	Geriatric inmates
06.	End-of-life issues
D.	Treatment of the seriously mentally ill
01.	Understanding levels of care (e.g., crisis stabilization, residential treatment, outpatient, hospital)
02.	Service delivery issues
a.	Medication management/issues
b.	Continuity of care with clinicians
c.	Physical plant issues (e.g., need for adequate programming space, sound privacy, safety)
d.	Staffing issues



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03.	Practice guidelines
a.	Psychiatric Services in Correctional Facilities, Third Edition. American Psychiatric Association
i.	Screening assessment process
ii.	Sick call process
iii.	Custody interface
iv.	Confidentiality/dual agency
v.	Other
b.	National Commission on Correctional Health Care guidelines on mentally ill inmates in segregation (locked-down settings)
c.	APA resource document on the use of restraints and seclusion in correctional settings
E.	Suicide prevention
F.	Prison Rape Elimination Act (PREA)
G.	Due process issues, including role of mental health clinician in disciplinary process
01.	Involuntary hospitalization (<i>Vitek v. Jones</i>)
02.	Involuntary medication (<i>Washington v. Harper</i>)
03.	Undue hardship
04.	Civil commitment following incarceration (<i>Baxstrom v. Herold</i>)
H.	Sociology of correctional institutions
01.	Gangs
02.	Protective custody issues
03.	Prison culture (e.g., snitching, correctional officer wall of silence)
I.	Conditions of confinement
01.	Segregation settings
02.	Supermax settings
03.	Cell versus dormitory settings
04.	General environment (physical conditions, recreational time) (<i>Brown v. Plata</i>)
J.	Security versus treatment issues
01.	Impact on delivery of mental health services
02.	Medical autonomy
03.	Deliberate indifference (<i>Estelle v. Gamble</i> , <i>Farmer v. Brennan</i>)
K.	Probation/parole
01.	Definitions
02.	Role of mental health system in probation/parole
a.	Dangerousness assessments
b.	Treatment recommendations
c.	Treatment/monitoring



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	d.	Coordination with probation/parole officers
L.		Sex offenders
	01.	Treatment programs
	a.	Elements of treatment
	b.	Problems in treatment
	c.	Assessment issues re recidivism
	d.	Treatment setting (e.g., outpatient, residential, institutional)
	e.	Penile plethysmography
	02.	Protective custody issues—inmate cultural issues re sex offenders
	03.	Due process
	a.	Indefinite commitment (<i>Specht v. Patterson</i>)
	b.	Civil versus criminal proceeding (<i>Allen v. Illinois</i>)
	c.	Definition of mental abnormality (<i>Kansas v. Hendricks</i>)
	d.	Volitional control (<i>Kansas v. Crane</i>)
	e.	Adequacy of treatment
	f.	Federal sex offender commitment (<i>US v. Comstock</i>)
	04.	Sex offender recidivism
	05.	Paraphilic disorders
	06.	Juvenile sex offenders
M.		Class actions/consent decrees
06.		Legal systems/basic law
	A.	Sources of law
		01. Constitution
		02. Statutes
		03. Regulations/administrative law
		04. Case law
	B.	Court system
	C.	Adjudicative process
		01. Civil procedure
		02. Criminal procedure
		03. Evidence (including subpoenas)
	a.	General acceptance (<i>Frye v. US</i>)
	b.	Standards for expert testimony (<i>Daubert v. Merrell Dow</i>)
	c.	Judicial discretion
	d.	Judge as gatekeeper (<i>Kumho Tire v. Carmichael</i>)



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

04.	Burden/standard of proof
07.	Children/families
A.	Civil
01.	Abuse/neglect/foster care
02.	Child abuse reporting statutes
a.	Battered child syndrome (<i>Landeros v. Flood</i>)
b.	State has no constitutional duty to protect (<i>DeShaney v. Winnebago</i>)
03.	Divorce/custody/visitation (<i>Painter v. Bannister</i>)
04.	Guardian ad litem
05.	Termination of parental rights (<i>Santosky v. Kramer</i>)/fitness to parent
06.	Competency—emancipation, mature minor
07.	Commitment (<i>Parham v. JR and JL</i>)
08.	Informed consent/assent
09.	Adoption
10.	Evaluation of child sexual abuse
11.	Children as witnesses/evaluation of psychic harm/PTSD claims in children (<i>People v. Stritzinger</i>)
12.	Malpractice/ethics/confidentiality
B.	Criminal
01.	Juvenile court (<i>In re Gault</i>)
02.	Children in Need of Services (CHINS)/ Persons in Need of Supervision (PINS)
03.	Waiver
04.	Competence to be a witness
05.	Delinquency
06.	Sentencing
a.	<i>Graham v. Florida</i>
b.	<i>Miller v. Alabama</i>
C.	Forensic evaluation of children, adolescents, and their families
D.	Individuals with Disabilities Education Act (IDEA)/ADA (<i>Irving Independent School District v. Tatro</i> , <i>Board of Education v. Rowley</i>)
08.	Special issues in forensic psychiatry
A.	Hypnosis
01.	Use of hypnosis in a forensic context
a.	Orne criteria (<i>State v. Hurd</i>)
b.	Per se exclusion of testimony not allowed (<i>Rock v. Arkansas</i>)
B.	Polygraphy
C.	Syndromes (battered woman, rape trauma) (<i>Ibn-Tamas v. US</i>)



American Board of Psychiatry and Neurology, Inc.

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D.	Malingering, factitious disorder imposed on self, factitious disorder imposed on another
E.	Neuropsychological assessments of malingering
F.	Psychological/neuropsychological testing
01.	Uses in forensic evaluations
02.	Uses in malingering (SIRS, TOMM, MMPI-2)
G.	Psychopathy/antisocial personality disorder
H.	Neuroimaging
I.	Prosecution for drug and alcohol use (<i>Robinson v. California, Powell v. Texas</i>)
J.	Psychological autopsies
01.	Suicide by cop
02.	Cause of death—accident, homicide, or suicide
K.	Ethics
01.	AAPL ethical guidelines
02.	AMA Council on Ethical and Judicial Affairs (CEJA)
03.	APA guidelines
L.	Practice
01.	Videotape/audiotape
02.	Confidentiality
03.	Dual agency
M.	Expert witness
01.	Conflicts that might influence opinion
02.	Federal Rules of Civil Procedure 26 (Rule 26)
03.	Federal Rule of Evidence (FRE) 702
N.	Risk assessment
01.	Suicide
02.	Violence to others
a.	Sex offenders
b.	Stalking
c.	Fire setting
d.	Other (e.g., fitness for duty)
03.	Standardized assessment instruments

CURRICULUM VITAE

Gerald A. Shiener, M.D.

Address: **Office:** 251 Merrill
Birmingham, Michigan 48009
(Private Practice)

Home: 6940 Brook Hollow Court
West Bloomfield, Michigan 48322

Birthdate: July 19, 1949

Citizenship: U.S.A.

Married: Karen Rosen
November 27, 1974

Children: Loren Renee David Samuel
Born February 6, 1986 Born September 12, 1987

Education:

1967-71 Wayne State University, Monteith College
Wayne State University, College of Liberal Arts
Research Assistant in Psychology for Gerald Cook, Ph.D.,
Northville State Hospital and Lafayette Clinic
Research Assistant in Psychology for Gerald Rosenbaum, Ph.D.,
Lafayette Clinic
B. A. in Psychology

1971-75 Michigan State University College of Human Medicine
Research Assistant in Psychophysiology for Norman Kagan, Ph.D.
Student Representative to Michigan State Medical Society
Summer Research Fellow, National Institute Mental Health
Vice-President, Local Chapter of the Student American Medical
Association
Doctor of Medicine Degree granted by Michigan State University

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

Training:

- 1975-76 Resident in Psychiatry, Sinai Hospital of Detroit
 9 months - Inpatient service
 2 months - Neurology service
 1 month - Emergency psychiatry service
- 1976-77 Resident in Psychiatry, Sinai Hospital of Detroit
 3 months - Emergency psychiatry service
 3 months - Day Hospital service
 - Problems of Daily Living Clinic
 5 months - Adolescent psychiatry, Lafayette Clinic
- 1977-78 3 months - Honorary Clinical Assistant, London Hospital
 Medical College, for Professor Desmond Pond, M.D., D.P.M., F.R.C. Psych.
 Resident in Psychiatry, Sinai Hospital of Detroit
 10 months - Outpatient service
 10 months - Psychogeriatric consultant to Jewish Home for the
 Aged, Detroit, Michigan
 10 months - Consultation service for Physical Medicine and
 Rehabilitation Department, Sinai Hospital of Detroit
- 1978 Residency in Psychiatry completed, Sinai Hospital of Detroit

Faculty Appointments:

- 1978- Assistant Professor, Department of Psychiatry, Michigan State
 University, College of Human Medicine
- 1978- Associate Professor, Department of Psychiatry and Behavioral Neurosciences,
 Wayne State University, School of Medicine
- 1988-94 Assistant Professor, Department of Anesthesiology, Wayne State
 University, School of Medicine

Hospital Appointments and Positions: Current

- 2016 Wayne County Circuit Court, Clinic for Child Study Advisory Committee
- 2015 Medical Director, Integrated Care, Wayne State University
 University Physicians Group
- 2013-15 Chief, Department of Psychiatry, Sinai Grace Hospital
- 1999 Attending Staff, Sinai-Grace Hospital, Detroit
 Medical Staff Executive Committee

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

	Education Committee, Wayne State University Department of Psychiatry and Behavioral Neurosciences
1978-99	Attending Staff, Sinai Hospital of Detroit
1978-99	Attending Staff, Mount Carmel Mercy -Grace Hospital
1980-	Attending Staff, William Beaumont Hospital, Royal Oak
1982-90	Psychiatric Consultant, Jewish Home for the Aged
1983-	Chief, Consultation-Liaison Psychiatry, Sinai Hospital of Detroit
1983-99	Psychiatric Consultant, Department of Anesthesiology Pain Clinic, Sinai Hospital of Detroit
1986-	Department Psychiatrist City of Detroit Department of Police
1990	Department Psychiatrist City of Detroit Fire Department
1986-88	Director, Obsessional Disorders Treatment Unit (Anafranil Study)
1986	Electro Convulsive Treatment Committee
1986	Consultant to Sinai Hospital Hearing Impaired Psychiatric Service
1990-92	Psychiatric Consultant, State of Michigan Attorney Discipline Board
1990-93	Secretary Treasurer, Medical Staff, Sinai Hospital of Detroit Chairman, Credentials Committee, Sinai Hospital of Detroit
1990-93	Disability Management Unit Director, Royal Macabee Life Insurance Disability Unit
1991-93	State of Michigan, Department of Mental Health Psychotropic Drug Use Committee
1993-96	Surveyor, Commission on the Accreditation of Rehabilitation Facilities
1993-4	Director, Alzheimer's Research Study - Cognex Access Program, Sinai Hospital of Detroit
1993-96	Vice Chief of Staff, Sinai Hospital of Detroit; Chairman, Bylaws Committee, Sinai Hospital of Detroit

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

Hospital Appointments: Past

1969-71	Psychiatric Technician Sinai Hospital of Detroit,
1978-81	Chief, Crisis Intervention Service, Sinai Hospital of Detroit
1978-81	Chief, Crisis Intervention, Mt. Carmel Mercy Hospital
1981-82	Associate Chief, Day Hospital, Sinai Hospital of Detroit
1982-90	Attending Staff, Kingswood Hospital, Ferndale, Michigan
1989-92	Attending Staff, Margaret Montgomery Hospital
1990-93	Pontiac General Hospital, Pontiac, Michigan

Professional Organizations:

1979-	American Psychiatric Association
1979-	Michigan Psychiatric Society
1979-	Oakland County Medical Society
1979-80	Member, Michigan Psychiatric Society, Committee on Emergency Care
1976-77	Chairman, Michigan Psychiatric Society, Committee on Residents
1986	American Academy of Psychosomatic Medicine
1989	American Society of Addiction Medicine
1994	Michigan Neuropsychological Society, Lecturer
1997	Feilding Institute for Neuropsychology, Lecturer
1998	Michigan Psychiatric Society, Ethics Committee
2001	Michigan Psychiatric Society Disaster Response Coordinator and Liaison to APA

Licensure:

1976	State of Michigan
1977-78	United Kingdom
1979	State of California

Board Certification:

1980	Certified by the American Board of Psychiatry and Neurology
1991	Certified by the American Society of Addiction Medicine
1994	Certified by the American Board of Psychiatry and Neurology
	Added qualifications in Addiction Psychiatry
1996	Added qualifications in Forensic Psychiatry
	Added qualifications in Geriatric Psychiatry
2004	Recertified in Addiction Psychiatry

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

2006	Recertified in Geriatric Psychiatry, Forensic Psychiatry
2009	Added Qualifications in Psychosomatic Medicine
2014	Recertified in Addiction Psychiatry
2016	Recertified in Forensic and Geriatric Psychiatry
2018	Certified by the American Board of Physical Medicine and Rehabilitation in Brain Injury Medicine

Honors and Awards:

1977-78	Chief Resident
1978-79	Harry E. August Award for outstanding performance as a resident
1984	Outstanding Faculty Member, Sinai Hospital of Detroit
1996	J. Edward Burke Award for member of the attending staff contributing the most to house staff education
1997	Outstanding Faculty Member, Sinai Hospital of Detroit, Department of Medicine
1998	J. Edward Burke Award for member of the attending staff contributing the most to house staff education
2000	Most Outstanding Faculty Member Award, Wayne State University Department of Psychiatry
2001	Most Outstanding Faculty Member Award, Wayne State University Department of Psychiatry
2003	Fellow, American Psychiatric Association
2006	Keynote Speaker, Wayne State University School of Medicine Baccalaureate Ceremony Most Outstanding Faculty Member Award, Wayne State University Department of Psychiatry
2008	Most Outstanding Faculty Member Award, Wayne State University Department of Psychiatry
2009	American Psychiatric Association Nancy Roeske Award For Outstanding Teaching in Medical Student Program Distinguished Fellow, American Psychiatric Association Examiner, American Board of Psychiatry and Neurology, Inc.

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

2011 Most Outstanding Faculty Member Award, Wayne State University Department of Psychiatry

Publications:

1976-77 Clinical Case Report "Pituitary Adenoma with Secondary Hypothyroidism Presenting as Manic Depressive Psychosis" abstracted in The Sinai Bulletin

1991 "Acute Psychoses"; "Anxiety Disorders" in The Clinical Practice of Emergency Medicine, Harwood-Nuss, Editor. J. B. Lippincott, New York 1990

"When the Patient Becomes Agitated: Diagnosis and Management of the Acutely Psychotic Medical Patient" Patient Care 25:14 Sept 1991

1994 American College of Emergency Physicians Study Guide
"Psychiatric Emergencies - Acute Psychosis"

Presentations:

1985: "Management of Common Pain Syndromes"
Michigan State Medical Society Winter Meeting

1986: "Evaluation of the Acute Psychiatric Patient"
"Management of Behavioral Emergencies"
American College of Emergency Physicians
Scientific Assembly - Atlanta, Ga.

1987: "Evaluation of the Acute Psychiatric Patient"
"Management of Behavioral Emergencies"
American College of Emergency Physicians Annual Meeting - San Francisco, Ca.

1988 "Evaluation of Psycho-Behavioral Emergencies"

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

"Suicide - Risk Evaluation and Management"

"Evaluation of Altered Mental Status in the Emergency Room"

American College of Emergency Physicians

Annual Meeting - New Orleans, La.

"Psychological Management of Malignant Pain" Michigan Cancer
Foundation Winter Scientific Meeting

1989: "Evaluation and Treatment of Sexual Disorders"
Michigan State Medical Society Winter Meeting

1990: "Pain Patients - Evaluation and Management" Grand Rounds,
Detroit Psychiatric Institute

"Beyond a Shadow of a Doubt - Psychiatric Intervention in the
Rehabilitation of the Traumatic Brain Injured Patient"
William Beaumont Hospital Rehabilitation Conference

"Evaluation of Psycho-Behavioral Emergencies"

"Evaluation of Altered Mental Status in the Geriatric Patient"

American College of Emergency Physicians

Annual Meeting - San Francisco, California

"Clinical Evaluation of the Suicidal Patient"

Michigan State Medical Society - Winter Meeting

"Depression and Suicide in the Closed Head Injured Patient"

Michigan Head Injury Alliance Annual Meeting, Flint, Michigan

1991: "Psychiatry and The Law" State Bar of Michigan, Worker's
Compensation Section Winter Meeting

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

"Evaluation of Psycho-Behavioral Emergencies" American College
of Emergency Physicians Annual Meeting - Boston, Massachusetts

"Management of Pain Syndromes" Grand Rounds, Department of
Psychiatry University of Texas Southwestern, Dallas, Texas

"Chronic Pain" Dallas - Fort Worth Physical Medicine and
Rehabilitation Society

1992: "Electroconvulsive Treatment in the Medically Ill Patient"
Michigan Psychiatric Society - Winter Meeting

"Dual Diagnosis in the Traumatic Brain Injured Patient"
NewMedicos Second Annual Conference on Brain Trauma Rehabilitation

1993: "Diagnosis and Management of Chronic Pain" Grand Rounds,
Department of Neurology Henry Ford Hospital, Detroit, Michigan

"Anxiety Disorders - Post Traumatic Stress Disorders and
Obsessive-Compulsive Disorder" Bournwood Hospital - Harvard
University, Boston, Massachusetts

"Chronic Pain" Grand Rounds, Sheppard-Pratt Hospital, Towson, Maryland

1994: The Psychiatrist's Role in Evaluating Risk Factors for HIV Infection Wayne State
University Conference on AIDS and Mental Health

"Management of Chronic Pain" Grand Rounds, Our Lady of the
Lake Hospital, Baton Rouge, Louisiana

"Post Traumatic Stress Disorders" New Orleans Psychiatric
Society, New Orleans, Louisiana

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

- 1995: "Addiction Treatment in Primary Care" Providence Hospital
Family Practice Department Board Review Course
- "Management of Chronic Pain" Saginaw Veterans Administration
Hospital, Grand Rounds
- "Drug Interactions in Antidepressant Therapy" Cleveland
Psychiatric Society, Cleveland, Ohio
- 1996: "Forensic Issues in Post Traumatic Stress Disorders"
Grand Rounds, State of Michigan Center for Forensic Psychiatry
Ypsilanti, Michigan
- "Police Brutality and Police Suicide" Wayne State University Law School
Freshman Torts
- 1997: Visiting Professor Series, Wayne State University School of Medicine,
Department of Anesthesiology, "Chronic Pain," "Addiction," "Impaired Physicians"
- Grace Hospital, Department of Medicine, Grand Rounds "Dementia and
Depression"
- Feilding Institute of Postgraduate Psychological Studies, Psychopharmacology
Lecture Series
- 1998: "Diagnosis and Management of the Chronic Pain Patient" Michigan Society of
Anesthesiologists Annual Scientific Meeting, Grand Rapids, Michigan
- "Psychiatric Evaluation and Treatment of Mild Traumatic Brain Injury"
Michigan Neuropsychological Society Annual Scientific Meeting, Livonia,
Michigan

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

"Traumatic Brain Injury - Psychiatric Sequelae" Brain Injury Association Annual Meeting, Palm Beach, Florida

1999: "Substance Abuse" Wayne State University Department of Physical Medicine and Rehabilitation Grand Rounds

2000: "Substance Abuse;" "Post Traumatic Stress Disorders" Wayne State University School of Law

Northville Regional Psychiatric Hospital Grand Rounds:

Chronic Pain

Psychogenic Polydipsia

Depot Neuroleptics

2001 "Post Traumatic Stress Disorder" Wayne State University School of Law
"Chronic Pain" Wayne State University Department of Neurology Grand Rounds

"Substance Abuse;" "Post Traumatic Stress Disorders" Wayne State University School of Law

"Treatment Resistant Depression" Grand Rounds Wayne State University Department of Psychiatry

2004 "Management of Chronic Pain" Grand Rounds Department of Medicine Sinai Grace Hospital

"Obtaining High Quality Independent Medical Examinations" Association of Self Insured Employers

2005 "Diagnosis and Treatment of Frontal Lobe Brain Injuries" North American Brain Injury Society Annual Meeting, Amelia Island, Florida

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

2006 “Frontal Lobe Syndromes” North American Brain Injury Society St. Vincent’s
Hospital, New York University, New York

 “Attendant Care Issues in Frontal Lobe Brain Injuries” Michigan Neuropsychological
Society Annual Meeting, Birmingham, Michigan

 “The Psychiatrist as Expert Witness in Medical Malpractice” University of Detroit
Mercy Law School

2007 “The Psychiatrist Expert Witness in Health Law” Wayne State University School of
Law

 “The Psychiatrist as Expert Witness in Medical Malpractice” University of Detroit
Mercy Law School

 “Diagnosis and treatment of Depression” Grand Rounds Department of Medicine Sinai
Grace Hospital

 Edward R. Heil Symposium Connecting the Mind, Body and Spirit “The Importance
of Hope in Healing” Sinai Grace Hospital - University of Detroit Mercy

 Michigan Association for Justice: “Presenting Emotional Distress Damages - a
Psychiatrists Perspective”

2008 “Suicide Assessment and Prevention in Firefighters” Command Meeting, Detroit Fire
Department

 “Prevention of Suicide” Grand Rounds, Wayne State University School of Medicine,
Department of Psychiatry and Behavioral Neurosciences

 “Exhibitionism” Case Presentation, Wayne State University School of Medicine,
Department of Psychiatry and Behavioral Neurosciences

**GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE**

**“Differential Diagnosis in Major Depression with Psychosis” Case Presentation,
Wayne State University School of Medicine, Department of Psychiatry and Behavioral
Neurosciences**

**Michigan Association for Justice: “Persistent Psychiatric Symptoms After Mild
Traumatic Brain Injury”**

**“Inside the Mind of an Addict” Grand Rounds, Wayne State University School of
Medicine, Department of Psychiatry and Behavioral Neurosciences**

**2009 “Personality and Spirituality in Addictions” Sinai Grace Hospital, Pastoral Care
Seminar**

**New York Academy of Traumatic Brain Injury 12th Annual Conference “MRI
Neuroimaging in Mild to Moderate TBI: Neuropsychological and Psychiatric
Correlates”**

**“Addiction as a Chronic Disease” Grand Rounds Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences**

Institute of Continuing Legal Education “How to Take a Deposition”

**“Internet Addiction” Grand Rounds, Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences**

**2010 “Drug Seeking Behavior” Grand Rounds, Department of Medicine, Sinai Grace
Hospital**

**“Obsessive Compulsive Disorder” Case Report Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences**

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

“Suicide” Grand Rounds, Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

“Pedophilia” Case Report Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

“Psychiatric Emergencies” Wayne State University Department of Emergency
Medicine

“Medical Malpractice, Criminal Responsibility” Michigan State University
Department of Psychiatry Academic Seminar

“Competency and Insanity” Michigan Association for Justice Annual Seminar

“Management of Chronic Pain” Grand Rounds Department of Orthopedic Surgery
University of New Mexico Kerry Tingley Hospital

“Management of Chronic Pelvic Pain” Michigan State Medical Society Annual
Scientific Meeting. Troy, Michigan

“Erotomania and Stalking” Grand Rounds, Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

2011 “Diagnosis and Treatment of Depression in the Medical Setting” Grand Rounds
Department of Medicine Sinai Grace Hospital

“Medical malpractice - A Doctor’s Perspective” Grand Rounds Department of
Medicine Sinai Grace Hospital

“Forensic Aspects of Chronic Pain” Michigan Psychiatric Society Spring Scientific
Meeting, State of Michigan Center for Forensic Psychiatry

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

“Obsessive Compulsive Disorder” Grand Rounds, Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

“Physician Wellness” Kent County Medical Society, Grand Rapids, Michigan

2012 Case Presentation “A Chronic Pain Patient” Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

“Borderline Personality Disorder” Grand Rounds, Wayne State University School of
Medicine Department of Psychiatry and Behavioral Neurosciences

Keynote Speech, Alpha Omega Alpha Initiation Ceremony Dinner, Wayne State
University School of Medicine

“Physician health and Physician Wellbeing” Michigan State Medical Society
Leadership Conference

“Forensic Psychiatry” Michigan State University Department of Psychiatry Residents
Seminar

“Depression in the Medical Setting” Grand Rounds, Department of Medicine, Sinai
Grace Hospital

2013 “Firearm Violence” Grand rounds, Wayne State University School of Medicine
Department of Psychiatry and Behavioral Neurosciences

2014 “Chronic Pelvic Pain” Sinai grace Hospital Department of Obstetrics and Gynecology

“Forensic Psychiatry, Medical Malpractice and Criminal Responsibility” Michigan
State University Department of Psychiatry

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

“Psychiatric Issues in Aging: Influence, Undue Influence and Testamentary Capacity”
State Bar of Michigan Elder Law Section Annual Meeting

2015 “Conversion Disorder” Grand Rounds, Wayne State University School of Medicine
Department of Psychiatry and Behavioral Neurosciences

Psychiatric Issues in Aging - Competency and Guardianship” Michigan Guardianship
Association Annual Meeting, Muskegon, Michigan

“Psychiatric Issues in Endocrinology - Transgender and Morbid Obesity” Wayne State
University Department of Endocrinology Grand Rounds

“Abusive Men” Presbyterian Women of Metropolitan Detroit

“Forensic Psychiatry, Medical Malpractice and Criminal Responsibility” Michigan
State University Department of Psychiatry

Testamentary Capacity and Defending Competency” State Bar of Michigan Elder Law
Section Annual Meeting

“Management of Chronic Pain” Grand Rounds Sinai Grace Hospital Department of
Medicine

“Not Guilty by Reason of Insanity - The Criminal Justice System and the Chronic
Mentally Ill” Keynote Speaker, Association for Behavioral Health, Annual Meeting
Lansing, Michigan

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

2016 "Addiction Treatment" Grand Rounds Sinai Grace Hospital Department of Medicine

"Physician Well being and Physician Impairment" "Chronic Pelvic Pain" Wayne State University Department of Obstetrics and Gynecology Grand Rounds

"Physician Well being and Physician Impairment" Saginaw County Medical Society

"Suicide and Depression" Grand Rounds Providence Hospital Department of Medicine

"The Psychiatrist in Medical Malpractice" Grand Rounds Sinai Grace Hospital Department of Medicine

2017 "Caring for the VIP Patient" Grand Rounds, Wayne State University School of Medicine Department of Psychiatry and Behavioral Neurosciences

"Physician Wellness and Physician Stress" Grand Rounds, Huron Valley Sinai Hospital Department of Medicine

"Pain Management in the Opiate Dependent Patient" Grand Rounds Sinai Grace Hospital Department of Medicine

"The Criminal Justice System and the Chronic Mentally Ill" Grand Rounds, Wayne State University School of Medicine Department of Psychiatry and Behavioral Neurosciences

"Mental Health Issues and the Elderly : Diagnosis and Treatment" Detroit Medical Center 2017 Geriatric Conference

"Physician Wellness and Physician Stress" Grand Rounds, Wayne State University School of Medicine, Department of Urology

GERALD ALAN SHIENER, M. D.
CURRICULUM VITAE

2018 “The Criminal Justice System and the Chronic Mentally Ill a Failure of Emergency Services” Grand Rounds, Wayne State University School of Medicine Department of Psychiatry and Behavioral Neurosciences

 “Forensic Psychiatry, Medical Malpractice and Criminal Responsibility” Michigan State University Department of Psychiatry

 “Competency on a Consultation Liaison Service” Grand Rounds Wayne State University School of Medicine Department of Psychiatry and Behavioral Neurosciences

2019 Management of Chronic Pain in Opiate Dependence Grand Rounds, Sinia Grace Hospital Department of Internal Medicine

 “Hyperemesis Gravidarum” Grand Rounds, Wayne State University School of Medicine Department of Psychiatry and Behavioral Neurosciences

Gerald A. Shiener, M. D.

Distinguished Life Fellow, American Psychiatric Association
251 East Merrill
Suite 230
Birmingham, Michigan 48009

(248) 645-5155
Telephone

(248) 645-2665
Telecopier

April 4, 2019

Kevin C. Riddle, Attorney at Law
Fieger Law
19390 W. 10 Mile Rd.
Southfield, Michigan 48075

Re: Dwayne A. Greene (deceased)

Dear Mr. Riddle:

I have been asked to review documentation regarding the confinement, treatment, and death of Dwayne A. Green in the Crawford County Jail.

I am a general psychiatrist in my 41st year of private practice. I am a graduate of Wayne State University with an undergraduate degree in Psychology and Pre-Medical Studies in 1971. I am a graduate of Michigan State University College of Human Medicine with the degree of Medical Doctor M.D. granted in March 1975. I did a combined Internship and Residency at Sinai Hospital of Detroit studying Psychiatry from July 1, 1975 to June 30, 1978. I have been in the private practice of Psychiatry since that time.

I have also held various positions at Sinai Hospital of Detroit including the Chief of Crisis Intervention Intake & Emergency Services, and Chief of Consultation Liaison Services. I served as the Chief of Psychiatry at Sinai-Grace Hospital, and currently serve as the Medical Director for Integrated Care at the Wayne State University Physicians Group. I am an Associate Professor of Psychiatry in Behavioral Neurosciences at Wayne State University. I have been certified by the American Board of Psychiatry in General Psychiatry since 1980, taking and passing that examination my first opportunity. I demonstrated added qualifications in the following subspecialty areas - Addiction Psychiatry, Geriatric Psychiatry, Forensic Psychiatry, Consultation Liaison Psychiatry, and Brain Injury Medicine.

I remain in the private practice of Psychiatry, and I run a teaching service at Sinai-Grace Hospital training Medical Students and Residents in Medicine, Psychiatry, and Neurology in the psychiatric care of the physically ill or medically ill patients in the general hospital and in the Emergency Room. I am a regular lecturer at Wayne State University in the Psychiatry Residency. I am also a regular lecturer at Michigan State University Psychiatry Residency Program and hold the rank of Clinical Assistant Professor in the Department of Psychiatry at Michigan State.

Re: Dwayne A. Greene (deceased)
April 4, 2019
Page 2

I have attached a copy of my Curriculum Vitae, as well as a Fee Schedule and a list of cases in which I have given testimony and expert opinion either at deposition or at trial.

Documentation Reviewed

I have had an opportunity to review documentation in this matter as follows:

Records from Sacred Heart Rehab Center for 2/25/17 admission
Transcript of Jury Status Conference of 12/4/17
Crawford County Sheriff's Office Jail Booking System Daily Jail Log Inquiry 12/4/17-12/8/17
Crawford County Sheriffs Office Jail Booking System Inmate Roster by Cell 12/4/17-12/8/17
Crawford County Sheriffs Office Daily Jail Log Report-Adult 12/4/17-12/8/18
List of Corrections Officers, Nurses on duty and detainees 12/4/17-12/7/17
Corrections officers schedules December 2017

Northern Lakes Community Mental Health Jail Crisis Screening Contact dated 12/7/17
Crawford County Inter-Agency Agreement with Northern Lakes Community Mental Health
Contract between MDHHS and Northern Lakes Community Mental Health Authority for
Managed Mental Health support and Services for FY 2018

Northern Lakes Policies-Supports and Services-Jail Services 107.501

Corrections Health Care Policies:

- 01-088 (untitled) regarding responsible health authority (reviewed 12/29/18)
- Inmate Administration Medication Policy 01-051 (reviewed 1/26/18)
- Inmate Participation in Research Policy 01-080 (reviewed 1/26/18)
- Inmate Rights Policy 95-013 (reviewed 1/26/18)
- Inmate Admission Policy 95-002 (reviewed 1/26/18)
- Inmate Classification Policy 95-004 (reviewed 1/26/18)
- Inmate Health Appraisal Policy 01-081 (reviewed 1/26/18)
- Inmate Cell Check Policy 01-082 (reviewed 1/26/18)
- Mental Health Services Policy 12-103 (reviewed 1/26/18)

Northern Lakes Policies:

- 107301 Emergency Services
- 107.302 Assessment and Intervention

Decedent's Jail Record

Fax from Sacred Heart Rehabilitation Center

Jail Logs 12/4/17-12/8/17

Jail Video Logs -typed- 12/4/17-12/8/17

Hand-written timeline of 12/4/17-12/7/17 prepared by Johnson.

Month End Statement for December 2017 from DDV Services, LLC for Denise DeVolder

Mental Health Service Request form dated 12/7/17 0430

Crawford County Sheriff's Office Incident Report

Grayling Department of Public Safety Incident Report

Mobile Medial Response report

Re: Dwayne A. Greene (deceased)
April 4, 2019
Page 3

Munson Healthcare Grayling Hospital Records dated 12/8/17
Munson Medical Center-Traverse City Medical Records dated 12/8/17-12/12/17
Autopsy Report; Autopsy Photos
Certificate of Death
Records of Dr. E. Douglas (consult, autopsy, toxicology)
Toxicology Report 12/10/17
NLCMH email correspondence regarding decedent Complaint dated March 28, 2018
Training records of Tessner, Baerlocher, Avalos, Johnson, Christman
C. Dennis Simpson Summary Opinion

Depositions and Exhibits of:

William Denno, detainee
Wade Schmidt, detainee
Terry McCleery, detainee .
Marvin Townsend, detainee
Stacey Kaminski, LPC, CMH supervisor
Nanci Karzsucki, LLPC, CMH therapist
C.O. Larry Foster
Captain Randell Baerlocher, Jail Administrator. Supervisor
C.O. Amy Johnson (813)
C.O. Corporal Renee Christman -(811)
Corporal C.O. Katie Tessner (819)
Joanie Blamer, Community MH First Aid Trainer
C.O. Joel Avalos (816)
John McDonald, Lt. (retired)
C.O. Donald Steffes (812)
C.O. Timothy Stephan (814)
Deputy Ryan Swope
Deputy John Klepaldo
Kirk Wakefield, Sheriff (ret.)
C.O. Dale Suiter (821)
Road Patrol Sergeant Shon Chmielewski (923)

As a result of my review I would express the following background and opinions.

Background

Dwayne A. Green was born June 26, 1985. He was 32 years old at the time of his death on December 12, 2017. Cause of death was considered to be anoxic and ischemic brain injury as a result of a cardiac arrest that occurred on December 8, 2017. He was noted to have an Alcohol Use Disorder and was described as being alcohol dependent, and his cause of death was a complication of delirium tremens. Delirium tremens is a syndrome of alcohol withdrawal and has an untreated mortality rate estimated at 15%.

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On Monday, December 4, 2017, Mr. Green appeared before the Honorable Colin G. Hunter, Circuit Court Judge in Grayling, Michigan. He was entering a plea to a count of driving while his license was suspended. He was also cited for being intoxicated while operating a vehicle.

During the hearing it was disclosed based on Mr. Green's admission that he is consuming alcohol. His bond was temporarily revoked. He was ordered to do a PBT at the Sheriff's Department. Court was recessed so the PBT could be undertaken. During a consideration of his disposition, Mr. Green's attorney took the position of not revoking his bond because he had an appointment at Sacred Heart, an alcohol rehabilitation program at 3:00 p.m. the day after the hearing. The Court was informed that Mr. Green had tried to "quit on his own" and "has had seizures", and the Court was further informed that Mr. Green would get "violently ill in jail going cold turkey". The program at Sacred Heart was a 21 day treatment inpatient facility.

The Court responded stating there was "absolutely no way that I'm going to release Mr. Green today". It was noted that he was a danger to himself and that his PBT was 0.194, and he was considered to be unsafe in the community. The Court further made the statement, "I'm going to trust that the jail staff is going to do what they're trained to do, which is if they see a problem they're going to address it immediately, but I'm absolutely not going to cut you free on bond. You're here and you were using alcohol in violation of the bond conditions. You showed up to court drunk and that's not acceptable". The Court went on to acknowledge his need for treatment, and Mr. Green was then sent to the jail.

He was confined from December 4, 2017 through December 8, 2017. On intake Mr. Green was noted to be intoxicated with a history of alcohol abuse. The answer was no to the question, "Does arresting officer see the inmate as a medical, mental health, or suicide risk now".

By 13:40 on December 6 an Incident Report noted "Around noon DG was starting to detox. Would talk normal then hallucinate asking for tools to fix ceilings". It was noted that "He believed water was coming from the ceiling". He was not observed sleeping at any time up to this point. By 13:40 he was described as "acting erratic, appears to be hallucinating and to be detoxing". By 15:31 he was noted to be hallucinating on that day "He felt the wall had faults and needed to fix. Moved him to calm him and clean cell". By 16:16 he was described as retching into the drain. By 17:41 "He was yelling and wanted to leave. Told him he had to see the judge first. He said okay". He was hallucinating and saw trash on the floor. His condition deteriorated.

By December 7, at 12:51 a.m., he was kicking the door. By 4:30 a.m. he was described as "talking to the wall". By 6:20 that morning "Inmate DG is still showing signs that he is going through withdrawals from alcohol. He has tried to leave the cell asking for a hammer and nails thinking his mother is speaking to him. He periodically yells loud or

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bangs the door, floor and walls. He is compliant and pleasant when speaking to him but confused, and does not comprehend that he is here in the jail". This behavior continues and escalates. He refused his meals. He was described as delusional, experiencing alcohol withdrawal "so is struggling with DT's". Further statement is "does not appear to be a risk to himself".

He was visited by a health care provider at 14:11 on December 7. By 19:48 he was hallucinating "wanted to give you a heads up that Green is still going through the DT's, has not slept or ate much, hallucinations, etc. Community Mental Health seen and spoke to him, said he is showing classic signs of withdrawal. Hopefully by the time you're there he will have decided to sleep. He has been monitored closely". He was noted to be suffering from "Insomnia".

By December 8 he became more confused. He was then transferred to Munson Healthcare Grayling Hospital. At 7:43 a.m. a "man down" call is made. His pulse was described as weak. Cardiopulmonary resuscitation was started (in spite of the patient not being pulseless), and on December 12 Mr. Green was pronounced dead with complications of chronic ethanol use.

Opinions

Mr. Green was suffering from Delirium Tremens. Alcohol is a unique drug. It is unique in a number of ways. The first unique aspect of alcohol is that it absorbs from the stomach, where as most drugs are absorbed from the duodenum or small intestine. Alcohol has no receptor. Alcohol acts directly on the membrane of nervous tissue - first exciting the membrane causing a stimulatory effect, and then stabilizing the membrane causing a more sedating effect.

Alcohol increases the availability of two important brain chemicals - Gamma Aminobutyric Acid (GABA) and Glutamate. Glutamate becomes elevated first as a result of the stimulating effects on the membrane. Glutamate is an excitatory neurotransmitter. In response to the elevations of Glutamate, GABA levels are also increased in the brain. GABA is an inhibitory neurotransmitter.

When alcohol is ingested on a regular basis, the levels of both of these neurotransmitters are significantly elevated. When alcohol use is stopped suddenly, GABA, the inhibitory neurotransmitter's levels fall more precipitously, leaving an excess of Glutamate. Glutamate causes a syndrome of central nervous system excitability with altered perceptions and spontaneous perceptions (hallucinations without external stimuli), autonomic instability, hyperactivity, fever, and untreated can lead to coma, hypothermia, and death. Once again, the untreated mortality rate is reported as as low as 5%, but typically 15%.

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The condition of Delirium Tremens evolves over the first 72 hours of abstinence. Autonomic stability is described as elevations of blood pressure, rapid heartbeat, and heart rate accelerating to the point that normal rhythm cannot be maintained, resulting in what's called a tachyarrhythmia - irregular heartbeat with rapid heart rate. This is typically the cause of death in the final stages of untreated Delirium Tremens. Accompanying elevations in blood pressure and temperature contribute to mortality. The final mode of exit is cardiac arrest. With a compromise of oxygen supply to the brain death ensues.

The signs and symptoms of Delirium Tremens are well known to those who are experienced in treating addictive disorders, and furthermore the policies of the jail and the training experience of jail personnel includes education as to the recognition, course, and appropriate treatment of Delirium Tremens.

A delirium is described as an altered level of consciousness that is always evidence of an alteration in the structure or function of brain tissue. It is further described as an impairment in the ability to take in information, process it and act on it in a consensually validated manner. Growing confusion, hyperactivity, hallucinations, incoherent conversation, restlessness can begin as early as the first 24 hours of abstinence, and the life-threatening aspect of Delirium Tremens peaks at about 72 hours. Mr. Green was recognized as suffering from Delirium Tremens. No appropriate treatment was provided, and the lack of appropriate treatment was the cause of death.

The treatment of Delirium Tremens involves supportive care - maintaining hydration, replacing fluids, replacing electrolytes lost through diaphoresis or sweating, or diarrhea or vomiting, and the use of sedative agents that are cross-tolerant with alcohol. Any sedative hypnotic would be an appropriate treatment for Delirium Tremens, but current practice suggests that benzodiazepine sedatives or tranquilizers are most effective. They are less toxic than other sedative hypnotics and do not cause respiratory depression in and of themselves.

It is inconceivable that anyone with the barest minimum knowledge of recognition of Delirium Tremens, and understanding what the appropriate measures should be taken to prevent it or treat it once it begins could observe Mr. Green, know what was happening to him, and not act in a manner to address the progressive delirium and prevent his death.

His death was preventable, his death was foreseeable, and based on the Policy Manuals and the testimony of the jail personnel, the training that they received would have given them the knowledge to recognize and respond to this life-threatening medical condition. No attempt was made to do so.

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The symptoms of Delirium Tremens are measured by the CIWA - the Clinical Institute Withdrawal Assessment for Alcohol. It is a checklist that can be completed by minimally trained personnel as used to aid in assessing the presence of alcohol withdrawal and the need for treatment.

During Mr. Green's last days of life he experienced significant conscious pain and suffering, as well as mental anguish. The experience of increasing anxiety, the fear of hallucinations, the inability to communicate ones feelings to those around him, and communicate ones needs to those around him causes intense frustration and an intolerable feeling of powerlessness.

I have observed and treated more than hundreds of patients with Delirium Tremens in the setting of a general hospital, and in patients who have experienced this syndrome and were treated have described their terror, discomfort, fear and apprehension during this syndrome. The last days of his life would have been spent in intolerable suffering and intolerable feelings of isolation and powerlessness.

All of my opinions are given within a reasonable degree of medical certainty. They are based on my education, training, experience, and expertise.

I have functioned as a general psychiatrist with specialties described above working in a general hospital. I have cared for patients with similar medical conditions, and have provided treatment and management on a regular basis for patients entering this syndrome, seen in the early, middle and late stages of this syndrome, and have seen the efficacy of treatment when instituted appropriately and aggressively.

Based upon my experience, Mr. Green's death was not only foreseeable, but was avoidable with proper treatment. These are preliminary opinions that are subject to the provision of further documentation, or further consideration of additional referral questions.

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If you have any further questions regarding my opinions, please feel free to contact me at my office address.

Very truly yours,

A handwritten signature in black ink, appearing to read 'G. Shiener', written over the words 'Very truly yours,'.

Gerald A. Shiener, M. D.
Diplomate of the American Board of Psychiatry and Neurology
Added qualifications in Addiction, Forensic and Geriatric Psychiatry, Psychosomatic
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